

Name
in
Full

William Adams

CERTIFICATE OF DEATH

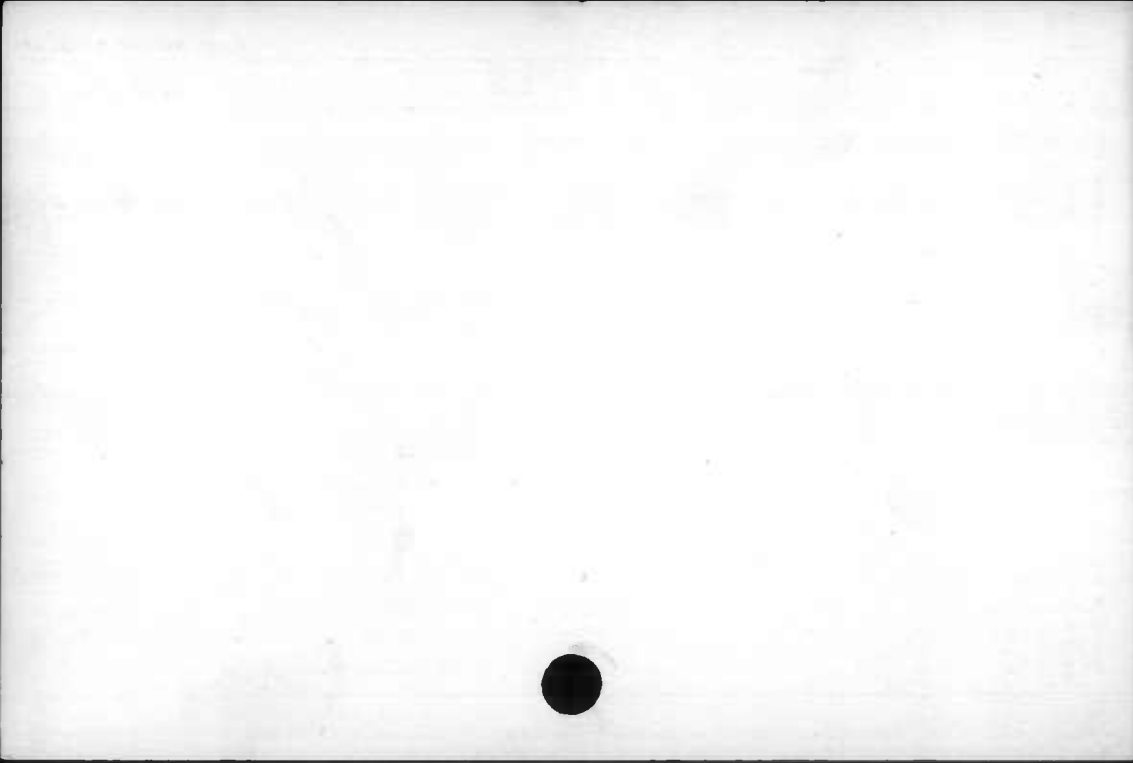
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death 190 <i>9</i>	<i>April</i> <small>Month</small>	<i>2</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Child</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Adams</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Maggie Lutherie</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Frank P Adams</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	<i>92</i> <small>How long</small>
Immediate <i>Pneumo Pneumonia</i>	<i>one week</i> <small>How long</small>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>J. B. Potter</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide <i>—</i>	



Name
in
Full

R. Sydney Adkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

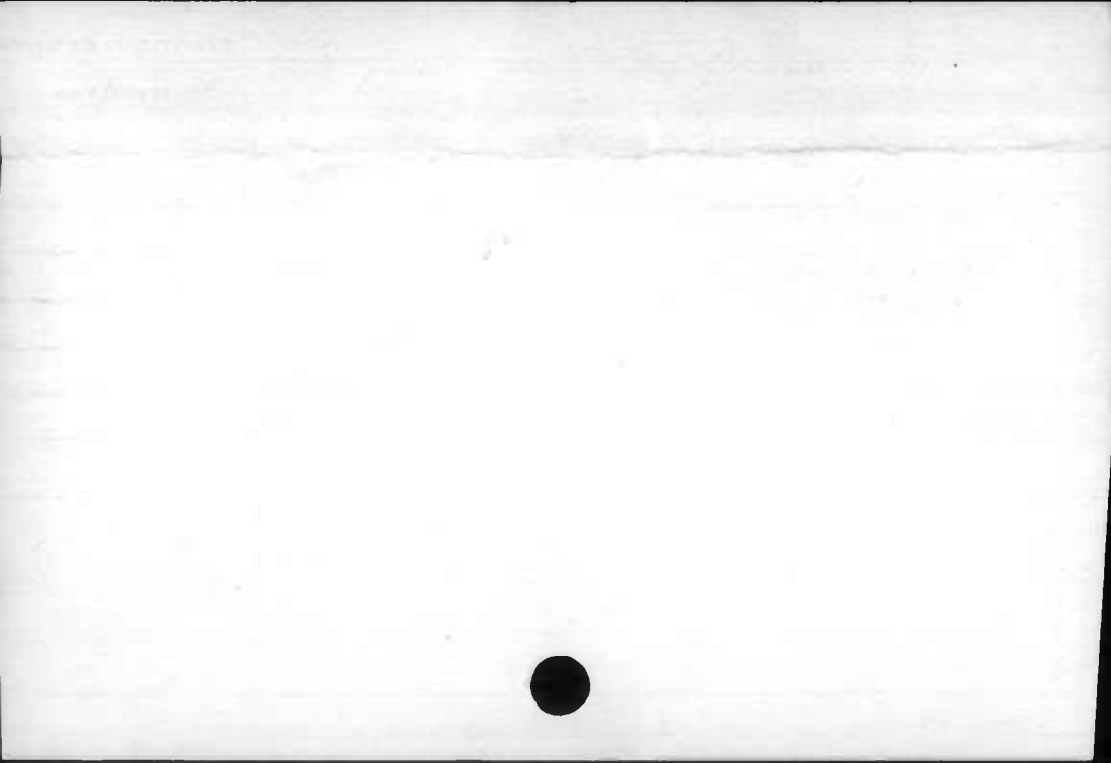
Died at <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>9</i>	Age <i>40</i>	Months <i>8</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Baggage Master</i>		Where Residing if not at place of death <i>Delmar</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lizzie Adkins</i>				
Father's Name <i>George Adkins</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Martha J. Holloway</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Wife</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Tuberculosis</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Ellegood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mildred G Allen* Town *near Rockaway* County *Neomian* **MARYLAND**

Died at *near Rockaway*

Date of death *1909* Month *April* Day *17* Age *9* Years *9* Months *6* Days *6*

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

93

Primary

How long

Immediate

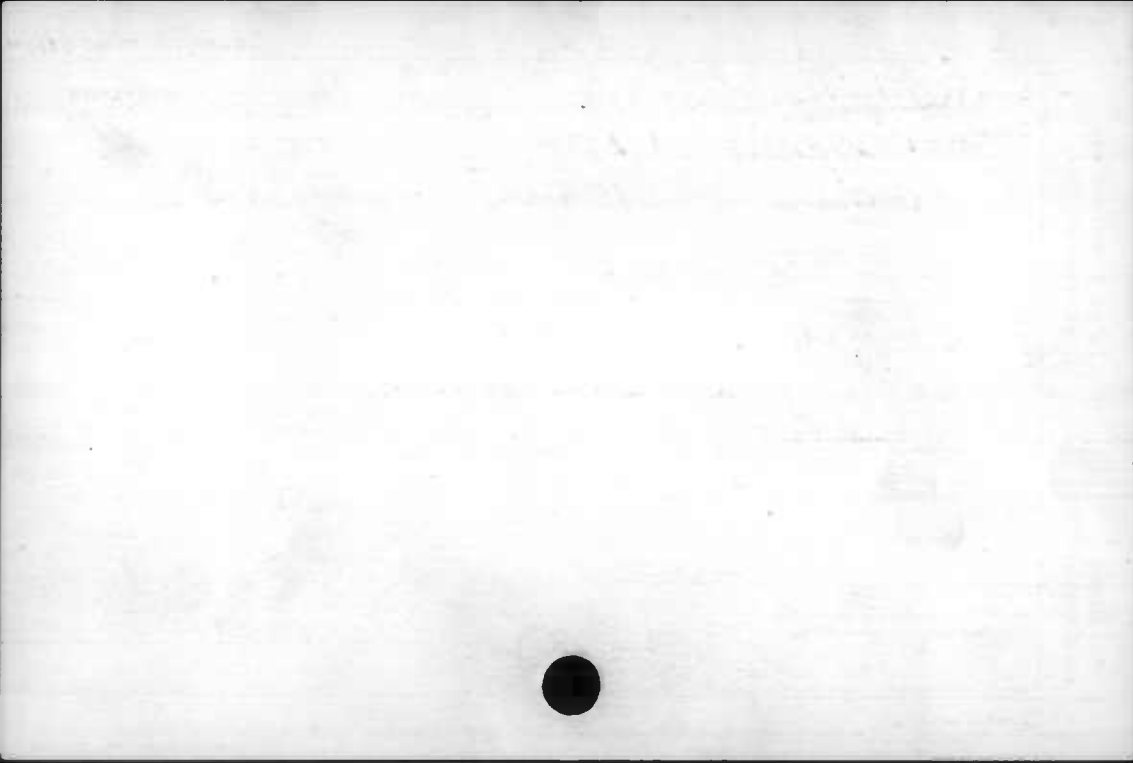
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* Town *Wicomico* County
 Date of death 190 *9* Month *April* Day *6* Age *1* Years Months *3* Days
 Sex *Female* Color or Race *Black* Birth-place *Ind*
 Occupation *Infant* Where Residing if not at place of death
 Married, Single or Widowed *Single* Name of Wife or Husband *None*
 Father's Name *John Anthony* Father's Birthplace *Ind*
 Mother's Maiden Name *Maggie Jones* Mother's Birthplace *Ind*
 Name of person giving Information *Maggie Anthony* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Sick from birth*

How long

Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. C. R. Truitt
Salisbury
Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia A Bailey* Town *Salisbury* County *Wicomico* **MARYLAND**

Died *9* Month *April* Day *29* Years *60* Months Days

Date of death 190 *9* Age *60*

Sex *Female* Color or Race *Black* Birth-place *MD*

Occupation *Housework* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *John W Bailey*

Father's Name *Ephraim Bullett* Father's Birthplace *MD*

Mother's Maiden Name *Eliza Bullett* Mother's Birthplace *MD*

Name of person giving Information *George W Bailey* How related to deceased *Son*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *La Grippe?* How long *Don't know*

Immediate *Don't know* How long *Don't know*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Harry Orell* Address *Salisbury MD*

Accident or Suicide *Other*

I saw the Deceased once about
three weeks ago. She was suffering
from La Grippe at that time.
Have not seen her since.
H. C. True

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Violator Baker</i>		Town <i>near Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>near Salisbury</i>		Month <i>9</i>		Day <i>15</i>		Age <i>64</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>15</i>		Age <i>64</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>not married</i>		Name of Wife or Friend					
Father's Name <i>Archibald Baker</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Sallie Mitchell</i>		Mother's Birthplace <i>Del</i>					
Name of person giving Information <i>Peter W Baker</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

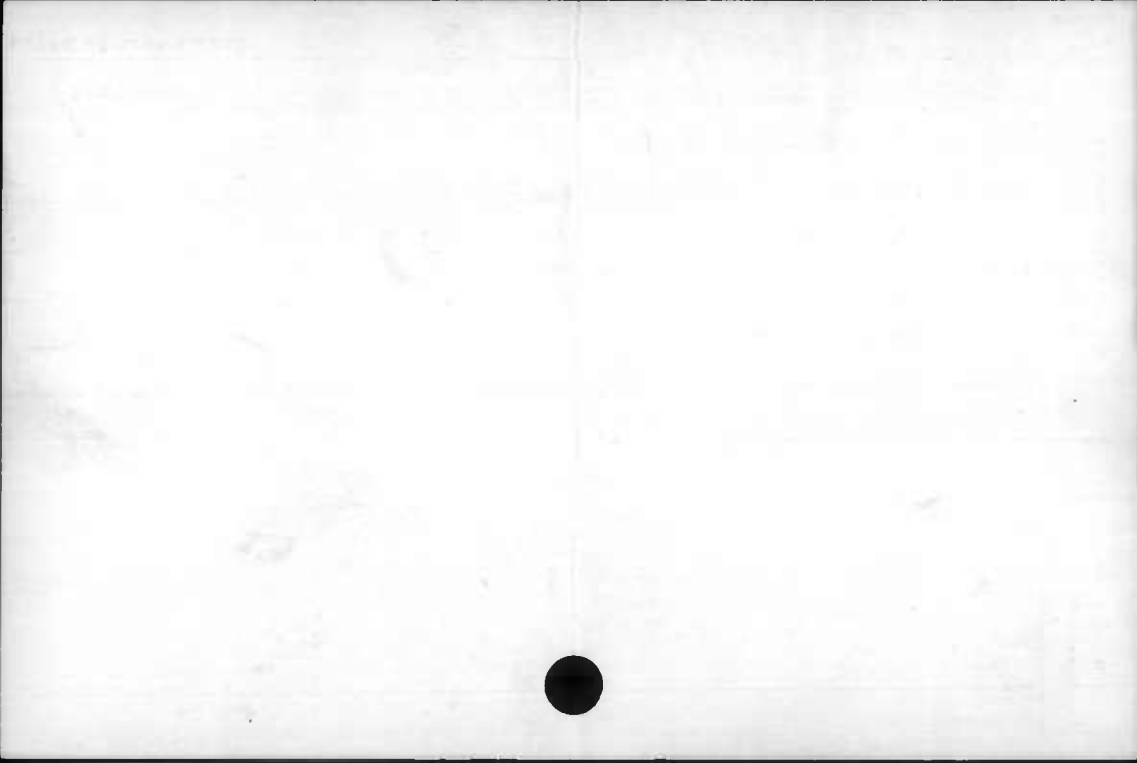
yes

Signature of Physician

Address

*H. C. Conaway**Hebron**md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Sarah E. Craig* Town *Salisbury* County *Wicomico* MARYLAND

Died at *The P. G. Hospital Salisbury*

Date of death 1909 Month *April* Day *29th* Age *37* Months *10* Days *12*

Sex *Female* Color or Race *Black* Birth-place *Berlin Md.*

Occupation *Chambermaid* Where Residing if not at place of death *At Berlin "*

Married, Single or Widowed *Widow* Name of Wife or Husband *Joseph Craig*

Father's Name *Daniel J. Pitts* Father's Birthplace *Berlin Md.*

Mother's Maiden Name *Rachel L. Marshall* Mother's Birthplace *Maryland*

Name of person giving Information *Rachel L. Pitts* How related to deceased *Mother*

CAUSES OF DEATH

132

PHYSICIAN
OR CORONER

Primary *Double pyo-salpingitis* How long *2 weeks*

Immediate *Urinary due to acute nephritis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. M. Carter* Address *Salisbury, Md.*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Margaret Ellen Dashiell</i>		Town <i>White Haven</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>White Haven</i>		Month <i>April</i>		Day <i>15</i>		Years <i>85</i>	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>15</i>		Years <i>85</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Wicomico Md.</i>		Months <i>Don't know</i>	
Occupation <i>House work</i>		Where Residing if not at place of death		Days <i>Unknown</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Hainright Dashiell</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		Name of person giving Information <i>Frank Hainright</i>		How related to deceased <i>Step son</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lung</i>	How long <i>about 9 months</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. V. Paynor.</i>
	Address <i>White Haven Md.</i>
Accident or Suicide	

No. 23

Name
in
Full

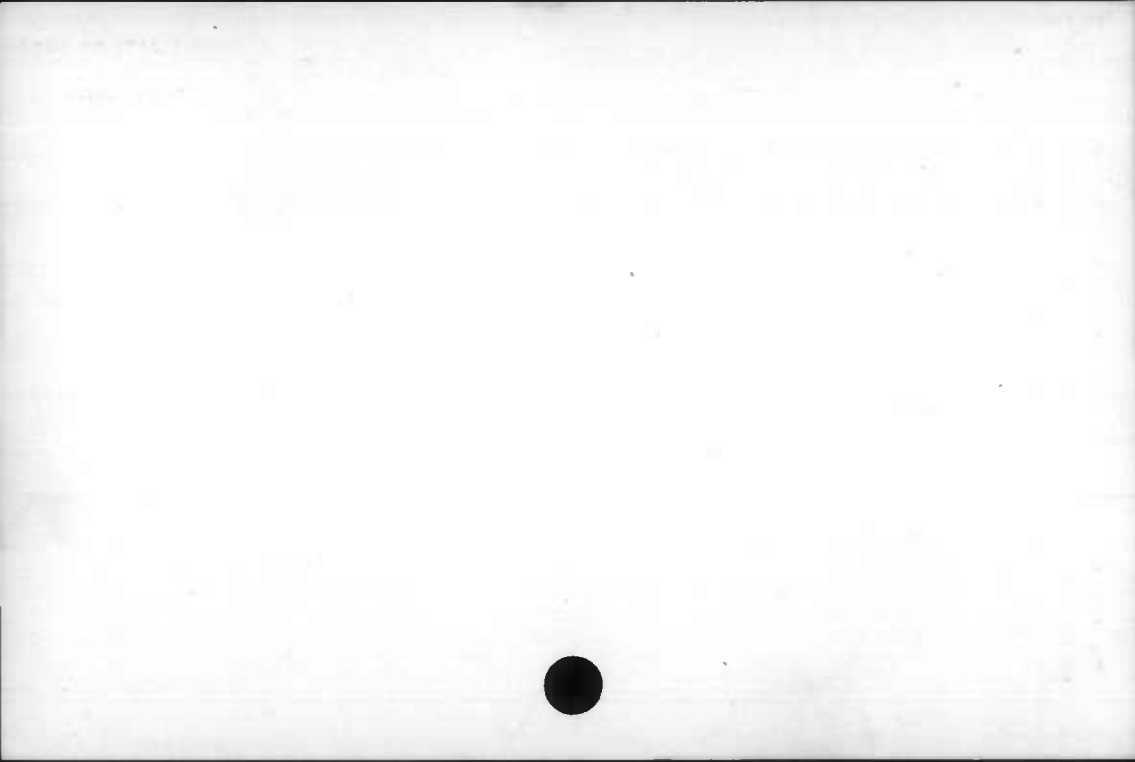
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Dashiell</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Near Delmar</i>		Month <i>April</i>		Day <i>19</i>		Years <i>55</i>	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>19</i>		Age <i>55</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>~~~~~</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Dashiell</i>					
Father's Name <i>James Jackson</i>		Father's Birthplace <i>Wicomico Co. Md.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>John Jackson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Cause <i>Carcinoma uteri</i>	How long <i>42</i>
	Immediate Cause <i>Exhaustion</i>	How long <i>1 year</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
	<i>as I know</i>	Address <i>Salisbury Md</i>
Accident or Suicide <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ray Fine* Town *Salisbury Md* County *Wicomico* **MARYLAND**

Died at *Salisbury Md* *Wicomico*

Date of death *1909* Month *April* Day *12* Age *36* Months Days

Sex *Female* Color or Race *white* Birth-place *Russia*

Occupation *housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Moses Fine*

Father's Name *Charles Hirschberg* Father's Birthplace *Russia*

Mother's Maiden Name *Ethel Hirschberg* Mother's Birthplace *Russia*

Name of person giving Information *Moses Fine* How related to deceased *husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

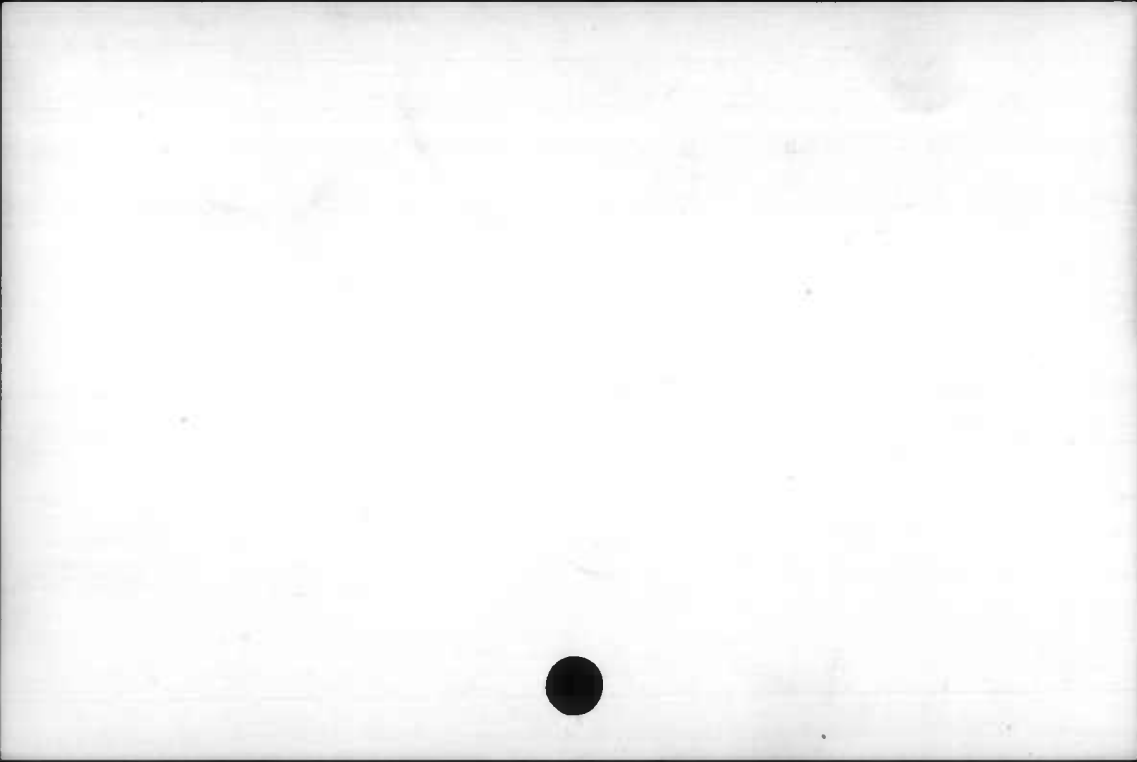
Primary *Carcinoma of liver* How long *12 years*

Immediate *Exhaustion* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *so far as I know*

Signature of Physician *J. M. Smith* Address *Salisbury, Md*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

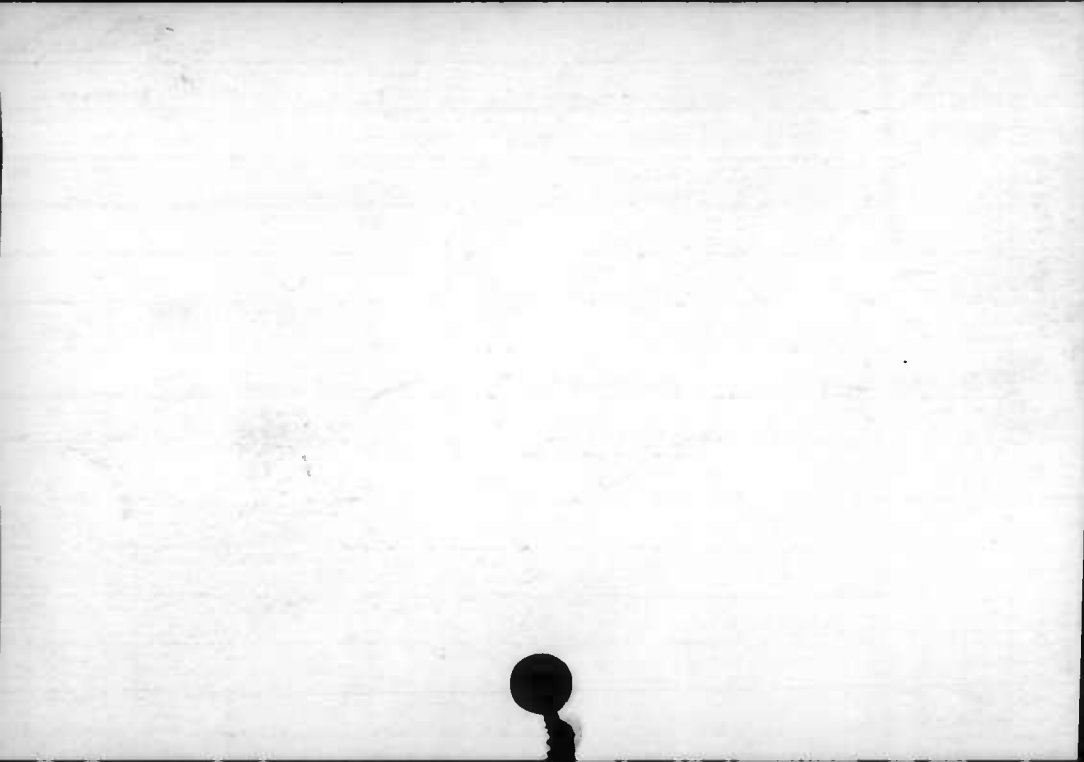
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		4	7	68		7	7
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
		Mary A Holloway					
Father's Name		Father's Birthplace					
Elijah Holloway		Md					
Mother's Maiden Name		Mother's Birthplace					
Sallay Forks Heaton		Del					
Name of person giving Information		How related to deceased					
Emma Baker		Sister					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	6 months
Immediate	Bright's Disease	How long	6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Robert Allegood	
		Address	
		Delmar Del	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gene Jackson*

Died at *White Horse* Town *Wicomico* County

DATE 1909 *April* Month *15* Day *5* Years *3* Months *28* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Ringold Jackson* Father's Birthplace *Maryland*

Mother's Maiden Name *Annie Strub* Mother's Birthplace *Maryland*

Name of person giving Information *Gene Jackson* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis of lung* How long *about 6 months.*

Immediate *Asphyxia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *R. W. Raynor*

Address *White Horse Md*

Accident or Suicide *—*

No 22

Name
in
Full

CERTIFICATE OF DEATH

Anna A James

Town

County

Died at *Near Delmar W. Council*

MARYLAND

Date
of death *1909*

Month

4

Day

20

Years

Age

66

Months

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Baltimore City

Occupation

Housewife

Where Residing if not
at place of death

Near Delmar

Married, Single
or Widowed

Married

Name of Wife or
Husband

David James

Father's
Name

John Thomas

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary

Mother's
Birthplace

Maryland

Name of person giving
Information

David James

How related
to deceased

Husband

CAUSES OF DEATH

42

Primary

*Cancer of the
uterus*

How long

Six years

Immediate

Hemorrhage

How long

3 or 4 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

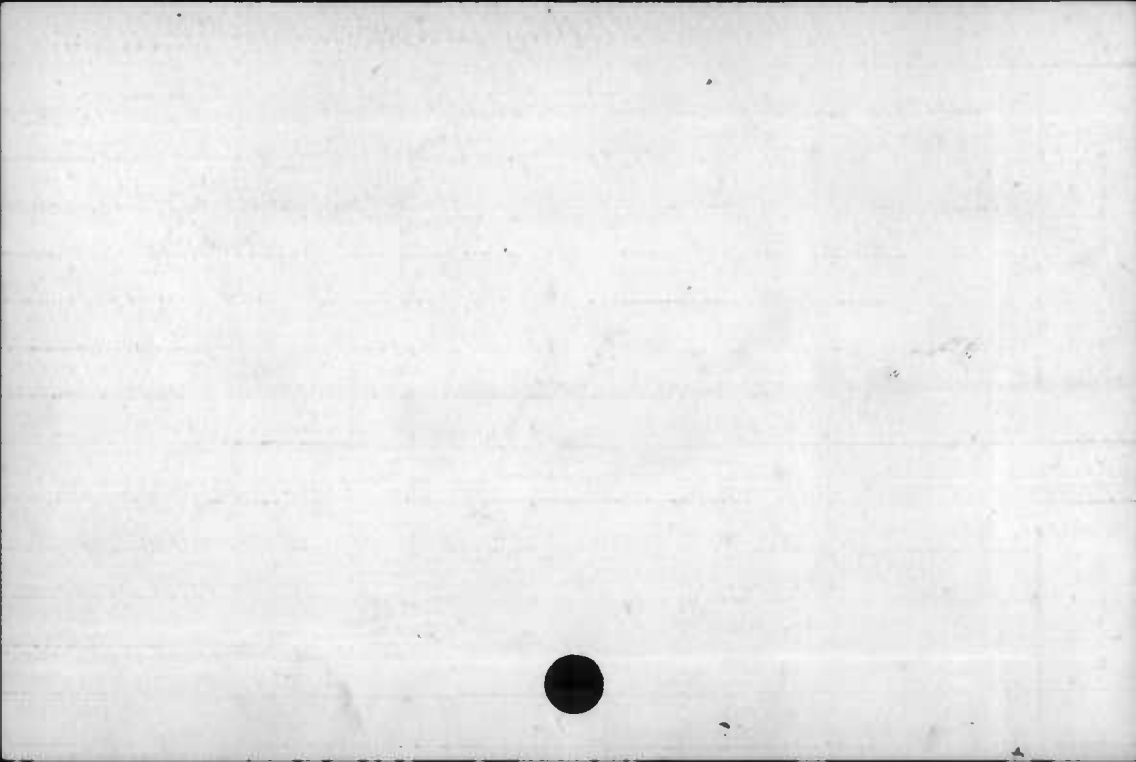
Signature of
Physician

James Brayshaw

Address

Delmar Del

Accident or Suicide?



Name
in
Full

Lash A. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

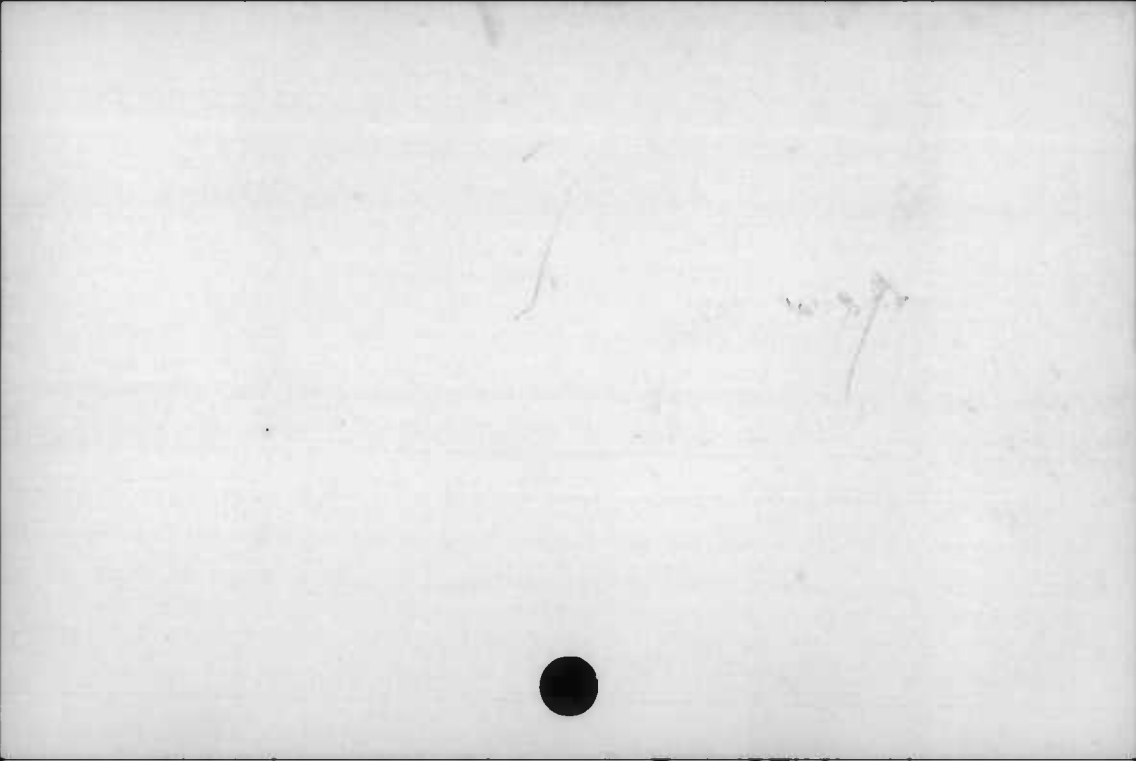
Died at <i>his</i> ^{Town} <i>Thorne</i> ^{County} <i>Wicomico</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>14</i>
Age	<i>18</i>	Months <i>--</i>	Days <i>--</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Maryland</i>	
Occupation <i>Lady</i>	Where Residing if not at place of death <i>11</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>--</i>		
Father's Name <i>George E. Johnson</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary F. Ennis</i>	Mother's Birthplace <i>11</i>		
Name of person giving information <i>Wesley Johnson</i>	How related to deceased <i>Bro</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Lung trouble</i>	How long <i>3 or 4 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. English coroner</i>
	Address <i>Martinsburg W. Va.</i>
Accident or Suicide?	



Name
in
Full

Reita Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

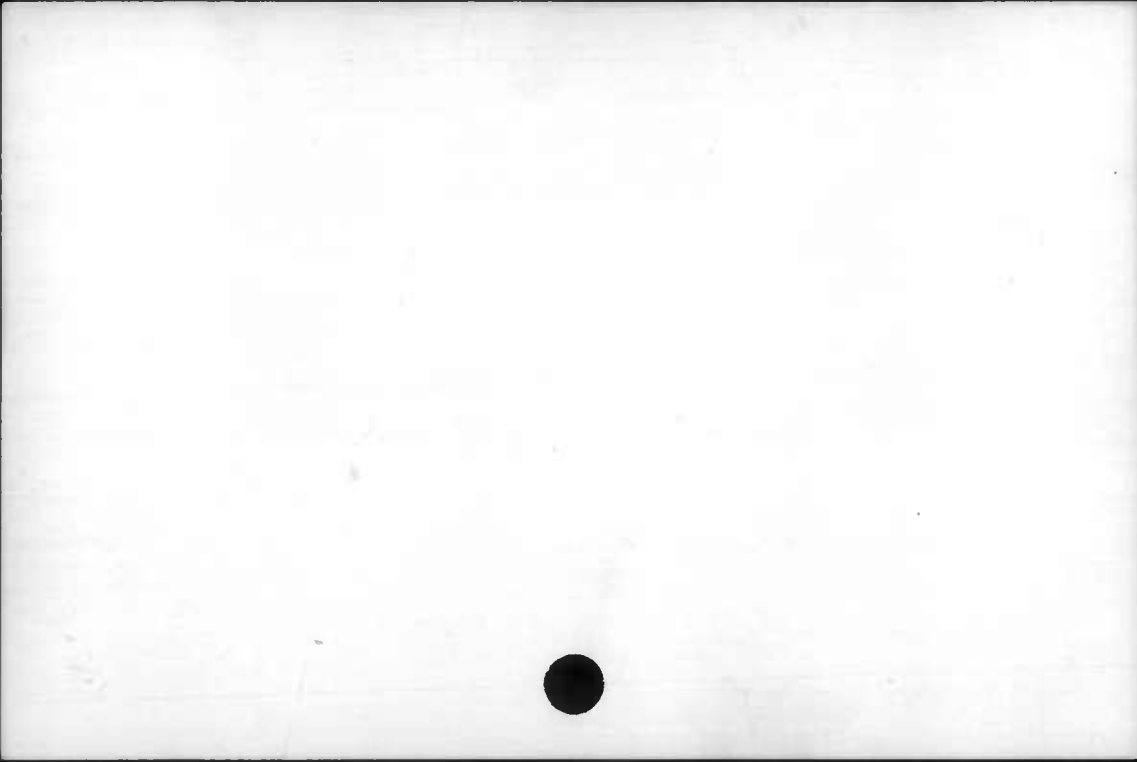
Died at <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Apr	18	Age 12		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fruitland Md.</i>		
Occupation <i>School-girl</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William Pryor</i>			Father's Birthplace <i>Wicomico Md.</i>		
Mother's Maiden Name <i>Mattie Crouch</i>			Mother's Birthplace " " "		
Name of person giving Information <i>Anthony B Crouch</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr C R Truitt</i>
	Address <i>Salisbury</i>
Accident or Suicide	



Name
in
Full

Cora B. Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

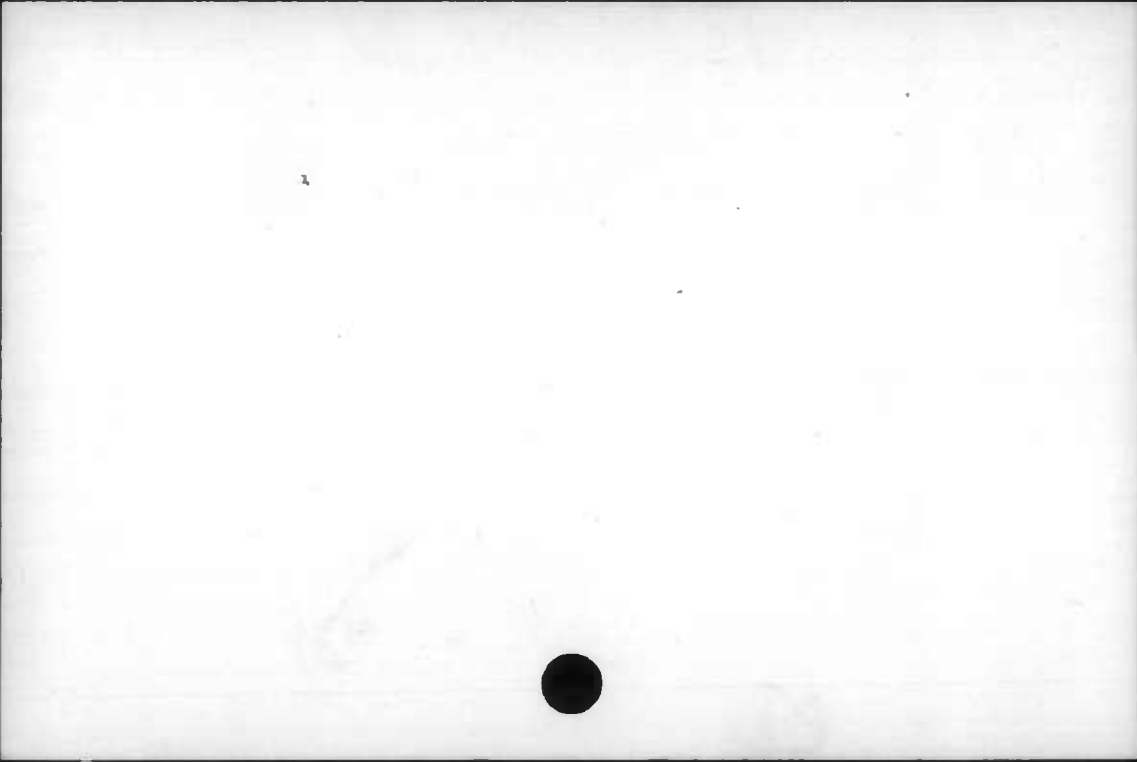
Died at <i>Near Salisbury</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1909	Month	April	Day	7 th	Age	22
Sex	Female	Color or Race	White	Birth-place	Wicomico Co. Md.	Months	11
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Daniel G. Richardson				Father's Birthplace	"	"
Mother's Maiden Name	Sally V. Whayland				Mother's Birthplace	"	"
Name of person giving Information	Daniel J. Richardson				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 or 2 d.</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. B. Potter</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

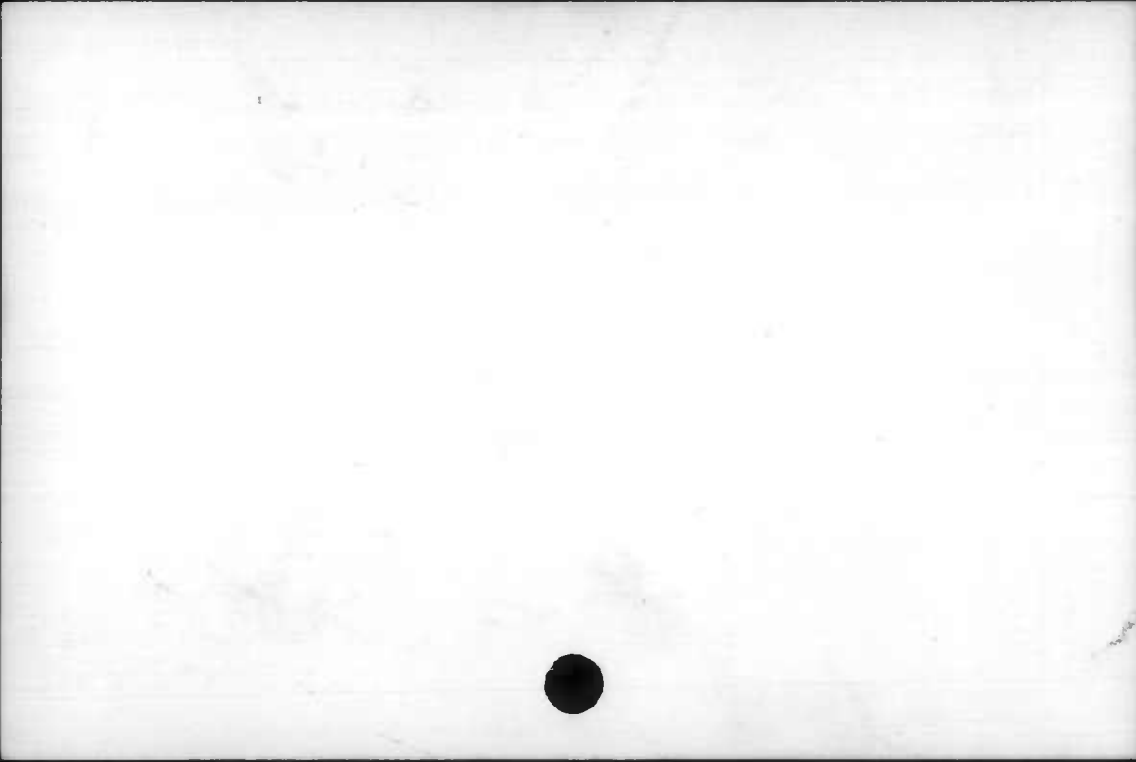
Name in Full <i>John Wilmer Shockley</i>		Town <i>Fruitland</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Fruitland</i>		Month <i>April</i>		Day <i>3rd</i>		Years <i>0</i>	
Date of death <i>1909</i>		Month <i>April</i>		Day <i>3rd</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birthplace <i>Fruitland Md.</i>		Months <i>6</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>		Days <i>6</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Name <i>John W. Shockley</i>		Father's Birthplace <i>Worcester Co. Md.</i>	
Mother's Maiden Name <i>Effie Allen</i>		Name of person giving Information <i>May Shockley</i>		Mother's Birthplace <i>Fruitland Md.</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry C. Hall</i>
	Address <i>Dalishury Md</i>
Accident or Suicide	



Name
in
Full

William Snyder

CERTIFICATE OF DEATH

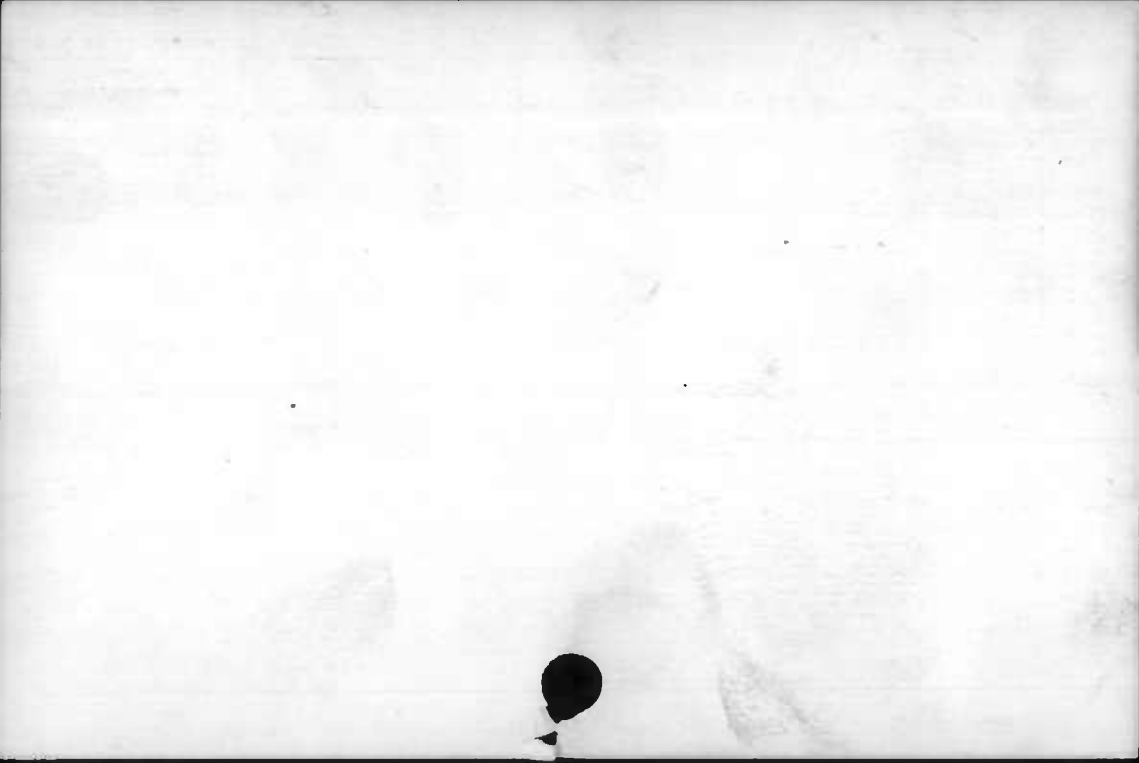
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Lomaxland ^{County} Wisconsin **MARYLAND**Date of death 190 ^{Month} 8 ^{Day} 30 Age ^{Years} 36 ^{Months} ^{Days}Sex ^{male} Color or Race ^{White} Birth-place ^{Goma}Occupation ^{Laborer} Where Residing if not at place of deathMarried, ~~Single~~ ^{or Widowed} Name of Wife or ~~Husband~~ ^{Mary Snyder}Father's Name ^{No one known} Father's Birthplace ^{No one known}Mother's Maiden Name Mother's Birthplace Name of person giving Information ^{Alfred L. Elliott} How related to deceased ^{Father in law}

CAUSES OF DEATH

33

PHYSICIAN
OR CORONERPrimary ^{Tuberculosis of Kidney} How long ^{Don't know}Immediate ^{And Bladder} How long ^{" "}Are the name, age, sex, color, date and place correctly given above? ^{Yes} Signature of Physician ^{Mary Tree}Address ^{Calhoun Md}

Accident or Suicide



Name in Full		Town		County		CERTIFICATE OF DEATH	
Myrtle Sturgis		Delmar		Delaware		MARYLAND	
Died at		Date of death		Age		Months	
		1909 4 1		3		0 6	
Sex		Color or Race		Birth-place			
Female		White		Delmar Del			
Occupation		Where Residing if not at place of death					
Child							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Thos A Sturgis		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Mary C Williams		Maryland					
Name of person giving Information		How related to deceased					
Mary C Williams		Mother					
CAUSES OF DEATH							
Primary		How long					
Meningitis		22 days					
Immediate		How long					
Exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Robert Elleryood M.D.					
		Address					
		Delmar Del					
Accident or Suicide							



Name
in
Full

Pauline E. Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 1909 April ^{Month} 14th ^{Day} Age 2 ^{Years} 0 ^{Months} 29 ^{Days}

Sex Female Color or Race White Birth-place Delmar

Occupation None Where Residing if not at place of death ~~~~~

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Wm P. Truitt Father's Birthplace Wicomico Co. Md.

Mother's Maiden Name Annie E. Hitchens Mother's Birthplace " " "

Name of person giving Information Wm P. Truitt How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long 1 week

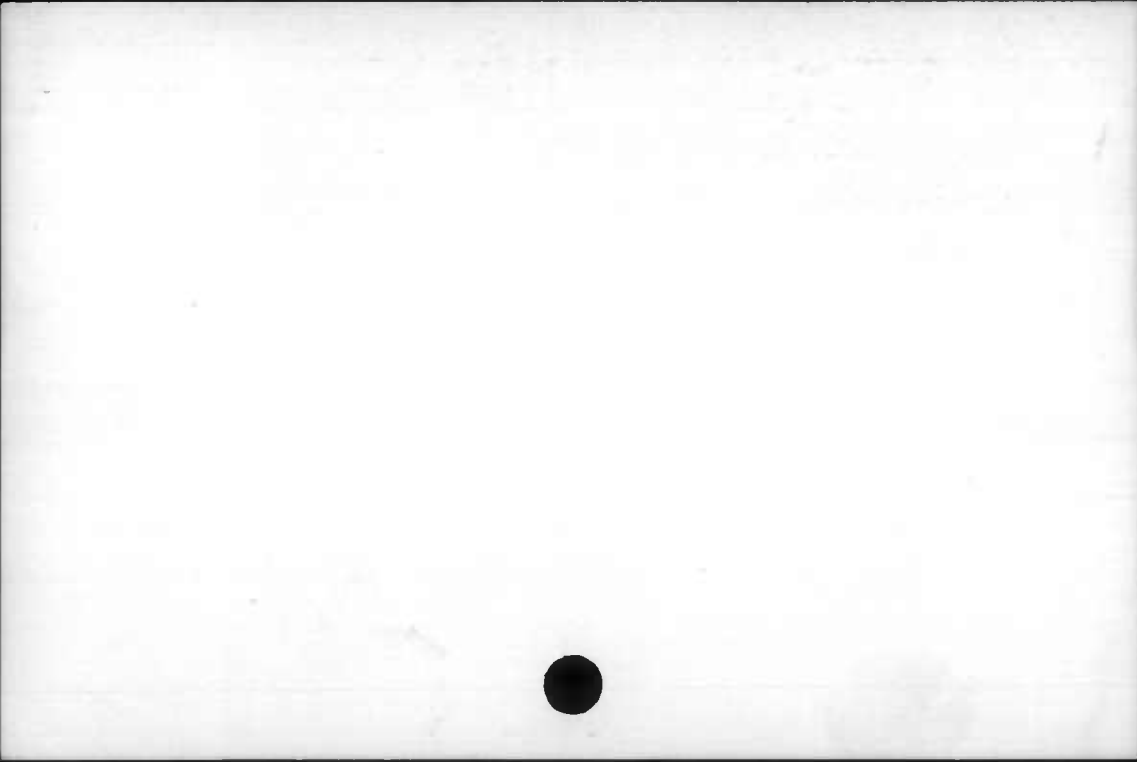
Immediate Collapse How long few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. H. Ford

Address Salisbury Md

Accident or Suicide



Name
in
FullMabel Eliza Beth Tuckson
Wetipquin Wisconsin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date

of death

1909

April

3

Day

Age

16

Years

Months

Days

6

19

Sex

Female

Color or
Race

Colored

Birth-
place

Washington D.C.

Occupation

House Girl

Where Residing if not
at place of death

Wetipquin

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robert Tuckson

Father's
Birthplace

Washington D.C.

Mother's
Maiden Name

Elizgar Owsley

Mother's
Birthplace

Washington D.C.

Name of person giving
Information

Charles McCoy

How related
to deceased

Cousin

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Don't know

Immediate

Renard vaccination & influenza

How long

For 6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Louis Williams, M.D.

Address

Med.

Accident or Suicide?

C. G. Mezick
Provalor

No. 20

Name
in
Full

Minnie Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND

Date of death 1909 April 7 16 8 2
 of death 1909 April 7 16 8 2
 Sex Female Color or Race White Birth-
 place Del
 Occupation Housework Where Residing if not
 at place of death

Married, Single
~~or Widowed~~

Name of Wife or
 Husband

Father's
 Name

Robert E. Waller

Father's
 Birthplace

Del

Mother's
 Maiden Name

Linnia Hastings

Mother's
 Birthplace

Del

Name of person giving
 Information

Mattie Waller

How related
 to deceased

Sister

CAUSES OF DEATH

93

Primary

Acute Croup and Pneumonia (Died 10 days)

Immediate

Toxemia & heart failure

How long

3 or 4 days

Are the name, age, sex, color, date
 and place correctly given above?

yes

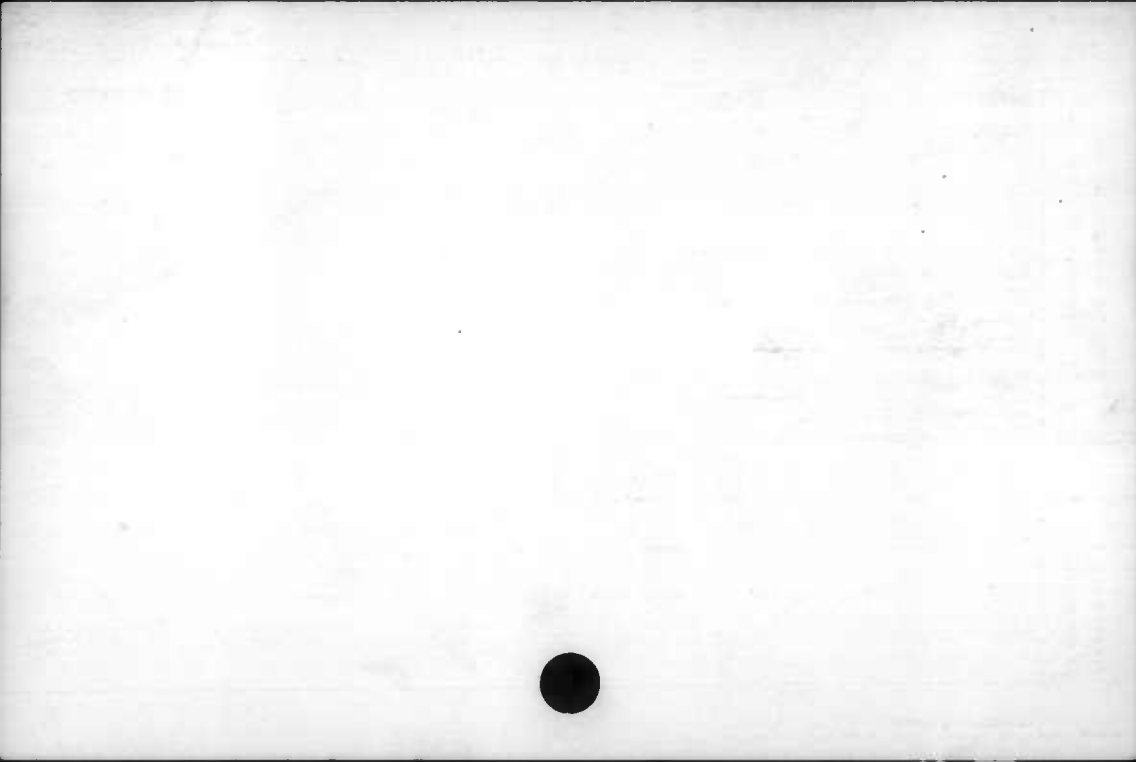
Signature of
 Physician

Louise W. Wynn's M.D.

Address

Salisbury
 Md.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

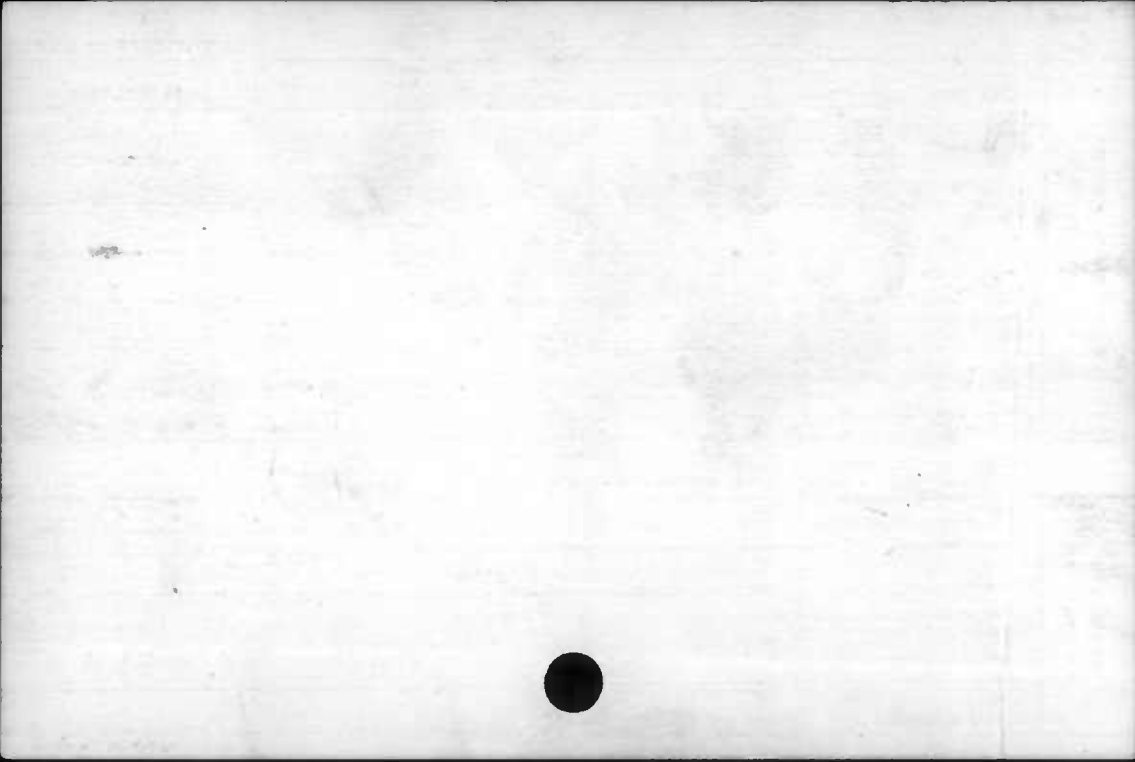
Name in Full <i>Martha Ellen Purrier Whayland</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Delmar</i>		Month <i>April</i>		Day <i>29</i>		Years <i>32</i>	
Date of death <i>1909 April 29</i>		Age <i>32</i>		Months <i>2</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Delmar Del</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Walter W Whayland</i>					
Father's Name <i>Matthew M Hill</i>		Father's Birthplace <i>Sussex Co Del</i>					
Mother's Maiden Name <i>Sarah J Hill</i>		Mother's Birthplace <i>Sussex Co Del</i>					
Name of person giving Information <i>Matthew M Hill</i>		How related to deceased <i>Father's</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 weeks</i>
Immediate <i>Heart, Ulteral regurgitation</i>	How long <i>1 week</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert Elleryood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicida	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Young Town *Salisbury* County *Wicomico* *X*
 Died at *Salisbury* Maryland
 Date of death 190 *9* Month *April* Day *22* Age *67* Years Months *11* Days *11*
 Sex *male* Color or Race *White* Birthplace *Holland*
 Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Hannah Young*
 Father's Name *do not know* Father's Birthplace *do not know*
 Mother's Maiden Name *" " "* Mother's Birthplace *" " "*
 Name of person giving Information *George W Young* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Interstitial Nephritis* How long *do not know*
 Immediate *Convulsions* How long *do not know*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo. W. Todd*
 Address *Salisbury Md*
 Accident or Suicide

